

HIPPS Change Report Form

Use this form to notify the fiscal agent that a change has occurred which affects the HIPPS participant. This form may be sent to the HIPPS Unit; Kansas Medical Assistance Program, PO Box 3571, Topeka, KS 66601; Faxed to (785)266-6112; Or emailed to Laurie.Palmer@ksxix.hcg.eds.com. Questions may be directed to the HIPPS unit at 1-800-766-9012.

**From: Worker
Name:**

Worker Phone #:
(Include area
code and
extension)

Identifying Information:

Case Head Name:

Field Case Number:

CH Case Number:

Type of change: (please mark one)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Change in Eligibility

Change in Household

Change in Employer

Loss of Employment

Change in Insurance Coverage

Other

Additional Comments:

(You must hit enter at the end of each line to continue onto the next line).